

UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Confirmation No. 2566

Yoshiki SUGETA et al.

Attorney Docket No. 2004 2050A

Serial No. 10/519,542

Group Art Unit 1795

Filed April 27, 2005

Examiner Christopher G. Young

OVER-COATING AGENT FOR FORMING

Mail Stop: RCE

FINE PATTERNS AND A METHOD OF

FORMING FINE PATTERNS USING SUCH AGENT

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$862.00 to cover Patent Office fees relating to filing the following attached papers:

Request for Continued Examination (RCE) \$810.00

Additional Claims Fee Transmittal Letter \$52.00

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

THE COMMISSIONER IS AUTHCHIZED TO CHARGE ANY DEFICIENCY IN THE FEES FOR THIS PAPER TO DEPOSIT **ACCOUNT NO 23-0975**

Respectfully submitted,

Yoshiki SUGETA et al.

By:

Matthew M. Jacob Registration No. 25,154

Attorney for Applicants

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ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

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P.O. Box 1450
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Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENT	ITY	LARGE ENTITY
Total Claims exceeding 20 (not already paid for): <u>1</u> x Indep. Claims exceeding 3	(\$ 26 = \$)	or	(\$52 = \$52.00)
(not already paid for): x [] Multiple Dep. Claim(s)	(\$110 = \$)	or	(\$220 = \$)
(if there previously were none): +	(\$195 = \$)	or	(\$390 = \$)
Total Additional Fee =	<u>\$</u>	or	\$ <u>52.00</u>

[] Small entity status of this application has been previously asse	asserted.
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- [] Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
 - [] is enclosed or
 - [] has been previously submitted.

- [X] A check in the amount of \$52.00 is enclosed.
- Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

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By:___

Matthew M. Jacob Registration No. 25,154

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